

CERTIFICATE OF STANDING
COMPLAINT CHECK AUTHORIZATION FORM

Name: _____ Bar Number: _____

Phone Number: _____

Email Address: _____

NOTE: Certificates of Standing that include Complaint Check information will only be sent to other State Bars, Courts, or the authorizing member's current address of record.

Please mail my Certificate of Standing with Complaint Check to:

- ☐ My Address of Record with the State Bar of California,
or
☐ The following State Bar or Supreme Court:

Mailing address details provided with online order submitted on: _____
(Insert date of online order)

I am the member named above, and by signing below, I authorize The State Bar of California to release any confidential complaint information on my record to the entity listed above. A copy of an identifying document is attached. Acceptable identifying documents include a bar card, driver's license or DMV ID card, or passport.

Signature: _____ Today's Date: _____

Complete and pay for your order online, then submit this completed form, containing your signature, with a copy of an identifying document, to The State Bar of California's Member Services Center by fax or email. Complaint check certificates cannot be processed without this authorization form.

Fax: (415) 538-2576 OR email: msc@calbar.ca.gov

For questions, please contact the Member Services Center at 1-888-800-3400 or
msc@calbar.ca.gov